



Dottorato di Ricerca

Maggiorazione estero 50%

Attestato di Frequenza

I hereby certify that Dr

SURNAME

FIRST NAME/S

e-mail if available _____

has followed research in this Institution as a PhD (Doctorate) Student

From _____

To _____

Today, _____

(put the date)

Stamp _____

Tutor's Full Signature/Title

Instructions for the Tutor

In order to pay the grant, you have to:

copy/print this certificate upon the corporate paper of your Institution. **Complete** the form for each period of attendance. Specify the date, than stamp and sign fully;

send exclusively by ordinary mail to: Università degli Studi di Milano, Divisione Stipendi, Ufficio Contratti di Formazione e Ricerca, Via Sant'Antonio 10/12 - 20122 Milano. Anticipations via fax are not allowed.

Thanks for your cooperation. For further information:

katerina.zetos@unimi.it

Period of work to certify	Issue of document	Date of payment	Deadline
November December	January	January 24 th	This document must reach the office within the 10th of every month of delivery
January February	March	March 24 th	
March April	May	May 24 th	
May June	July	July 24 th	
July August	September	September 24 th	
September October	November	November 24 th	